

CERTIFICATION OF INSURANCE

TO: U.S. Army Engineer District, Alaska
P.O. Box 6898, Anchorage, Alaska 99506-6898

INSURED: _____

CONTRACT NO: _____

Insurance listed below is currently in force:

Company	Policy No.	Expiration
<div>EXAMPLE</div>		
Workman's Compensation and Employer's Liability Insurance (As Applicable)		
We certify that the above listed policy (policies) provide coverage as follows:		

Comprehensive bodily injury and property damage liability with minimum of \$100,000.00 per injury to or death of any person; \$500,000.00 for each accident or occurrence for bodily injury liability. _____(Initial)

Automobile bodily injury and property damage liability with minimum Limits of \$200,000.00 for injury to or death of any one person; \$500,000.00 for each accident or occurrence for bodily injury liability; and \$20,000.00 for each accident or occurrence for property damage liability. _____(Initial)

Aircraft Public and Passenger Liability Insurance: Where aircraft are used in connection with the performance of the contract: \$200,000.00 per person, \$500,000.00 per accident for bodily injury, other than passenger liability, and \$200,000.00 per accident for property damage; \$200,000.00 per person for passenger liability bodily injury aggregate to the total number of seats or number of passengers whichever is greater. _____(Initial)

Vessel Collision Liability and Protection and Indemnity Liability Insurance: Where vessels are used in connection with the performance of the contract. _____(Initial)

Cancellation or material changes in the policy (policies), adversely affecting the interest of the Government in such insurance, shall not be effective until 30 days after written notice thereof to the Contracting Officer and the policies listed above contain an endorsement so providing. _____(Initial)

CONTRACTOR

INSURANCE COMPANY

(Signed)_____

(Signed)_____

(Title)_____

(Title)_____

(Firm Name)_____

(Firm Name)_____